

FFANY

Presents

NEW YORK SHOE EXPO

FEBRUARY 2-4, 2016

TUESDAY - THURSDAY and by appointment

Exhibitor Showroom Listing

At the Retailers special request the FFANY Board of Directors encourage New York Showrooms to keep their Showrooms OPEN for the 5 Business Days of the FFANY Shows.

Monday, February 1 - Friday, February 5, 2016.

FFANY will list in the directory all showrooms that will be participating in "OPEN FOR MARKET WEEK".

Please indicate on the application if your showroom will be OPEN FOR MARKET WEEK for the 5 business days.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ALICIA CICCAGLIONE

Telephone: 212.751.6422 x18 | Email: aciccaglione@ffany.org

Participation Fee Must be Paid in Full

FFANY Authorized Venues

New York Hilton Midtown Hotel

FFANY Member New York Showrooms

SHOW DIRECTORY LISTING FOR MEMBER SHOWROOMS

All FFANY Members that fill out this form will be listed in the FFANY Market Week Directory and will be assessed **\$700** to cover production costs. Should you wish to include additional brand names in the directory the fee is **\$125 per each brand.** Note: We cannot guarantee directory listing if this application is not returned to FFANY by DECEMBER 10, 2015

DEADLINE DECEMBER 11, 2015

Corporate Name

Address

City State Zip

Tel: Fax:

Website: email:

Contact Signature

DIRECTORY LISTING TO READ

Please indicate for each brand women's (W), men's (M), children's (C) or accessories (A)

Please check here if your New York Showroom will be **OPEN ALL WEEK**

Company Name M W C A Brand website:

Showroom

Address

Telephone Showroom email:

Website 1 Website 2

Additional Brand Names (Address & Telephone if Different)

	M	W	C	A	Brand website
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Please provide 3 retail customers that carry your brand.

Please check box if you offer Immediate Deliveries

Women's Product Categories

Salon Bridge Boots Contemporary Junior Comfort Casual

Dress Sport Handbags Accessories Publication/Industry Service

Branded Private Label Children's Made in USA

Please check if your company sells the following: Narrow sizes Wide Sizes Size 5 or under Size 12 +

Men's Product Categories

Loafers Dress Oxfords Boots Sandals Sneakers & Athletic

Casual Slippers Clogs & Mules Boat Shoes Insoles & Accesories Youth

Branded Private Label Children's Made in USA

Please check if your company sells the following: Narrow sizes Wide Sizes Size 6 or under Size 14 +

iPad Directory App featuring FFANY Directory Ads

FEBRUARY 2-4, 2016

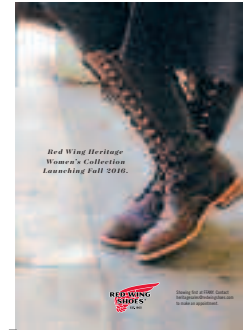
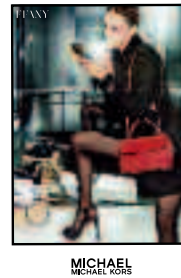
Directory Booklet 6" x 9" Four-color + bleed

Cost: \$600 Page | \$1000 Tab Page | \$1500 Two Page Spread

Deadline Monday January 4, 2016

Contact: Phyllis Rein or Alicia Ciccaglione 212.751.6422 x 15 or 18

All Ads must include the NEW FFANY Logo and be sent to FFANY via pdf format for approval. Please contact Phyllis Rein for logo and to confirm ad



Reserve your full page color **6X9** ad in the FFANY directory with bonus digital directory app. FFANY has launched its new iPad Directory App featuring the show directory in digital format. This is a free download to all FFANY exhibitors and attendees. The iPad directory will feature live links directly to your company website and emails. **FFANY Logo** must be placed in ad.

Full-page bleed dimensions allow for 1/8" trim on all four sides to allow for right or left-hand positioning. In addition to this trim allowance, we require 1/4" safety on all four sides for live matter, type and important illustrations. Please use safety size 5 3/8" x 8 3/8" for bleed pages. **AD SIZE 6X9**

PREFERRED FORMAT: Email high-resolution CMYK PDF/X-1a with full marks and bleeds directly to prein@ffany.org with copy to j.bennett@alouettecommunications.com Please just email PDF File.

ACCEPTED FORMATS: PLEASE DO NOT USE JPEG.

- Illustrator with all fonts and links included, even if text has been converted to outline
- PhotoShop 300 dpi or better with all fonts included, saved as .psd• high-res PDF• 300dpi TIFF

AD SIZES – All ads must be created to exact size specifications. No important live matter within 1/4" of gutter-trim.

BLEEDS – 1/8" bleed or greater, with trim indicated

FONTS – Black type on white background should be defined as 100% black ONLY. Do not use "true black" or "rich black."

PHOTOS – All 4-color scans must be 300 dpi in CMYK. All B/W scans must be 300 dpi grayscale.

PROOFS – All advertisers must submit a digital proof at 100% that conforms to SWOP standards, including a color bar for all digital files. Without a client-supplied contract proof, color matching cannot be guaranteed.

NOTE: Resizing a low-res graphic to 300dpi in Photoshop does not increase its resolution. It must be created at 300dpi (or better) AT THE ORIGINAL SIZE. Results of a resized low-res cannot be guaranteed.

All Exhibitors Must Fill Out this Show Information Page

Please fill out the appropriate information and return with corresponding application to FFANY

FFANY Mailing Address: 274 Madison Avenue, Suite 1701, New York, NY 10016

Tel: 212.751.6422 | Fax: 212.751.6404

Payment information will be used to process participation fees unless otherwise stated.

Company Name

Payment Method: Check Mastercard **BANK TRANSFERS**

Visa American Express **FFANY Account : 4830382-83982**

ACH Direct Deposit - 021000322

Wire Transfer - Domestic Routing: 026009593

Bank of America, 1 Bryant Park NY, NY 10036

\$50 Must Be Added to Wire Transfers

Card Holders Name:

First Name (Please Print) Last Name

Credit Card #

Expiration Date: /

Security Code: Business Credit Card Personal Credit Card

Card Holders Billing Address:

Phone # - -

Email:

Amount: , .

FFANY AD- **Please check box if you wish to purchase a full page color 6x9 ad in the FFANY directory.**

Full Page \$600 Tab Page \$1000 Spread (Two Pages) \$1500

Signature

Date

ACCEPTANCE AGREEMENT

By signing this application the Exhibitor Agrees To The Terms And Conditions in this Contract. Confirmation kits will be sent Electronically via email. PARTICIPATION FEES MUST BE PAID IN FULL TO RECEIVE E-Confirmation.

Authorized Signature

Name (Printed) _____

Title _____ Date _____

FFANY Accounting	Date	<input type="text"/>	Amount	<input type="text"/>
	Invoice #	<input type="text"/>	Auth Code	<input type="text"/>